IDAHO STATE BOARD OF COSMETOLOGY
BUREAU OF OCCUPATIONAL LICENSES
1109 MAIN STREET, SUITE 220
BOISE, IDAHO 83702-5642
(208) 334-3233

APPLICATION FOR DEMONSTRATOR PERMIT

Name of Event _____

Address of Event _____
                        street   city   state   zip

to be held from _____ to _____, inclusive.
                    beginning date   ending date

Application must be made no less than seven (7) days prior to the beginning date noted above.
All permits issued as a result of this application shall expire on the ending date noted above.

Name of Sponsoring Entity(s)_____

Sponsor's Mailing Address _____
                                street   city   state   zip

Sponsor's Phone #_____ Sponsor's SS # or E.I.N #_____

Sponsor's E-mail address_____

I hereby make application for Demonstrator Permits for the following persons:

Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____

The permit fee of $10.00 and a copy of the current license for each name listed above must be attached. The permit fee shall not be required for those persons holding a current personal Idaho license.

I hereby certify that those named above, for whom permits are sought, have presented themselves as currently licensed to practice or teach cosmetology or barbering in another state;

I further certify that I have read and agree to abide by the Idaho Laws & Rules governing the practice of cosmetology;

I further certify that prior to any demonstration or instruction at the event noted I will inform each of the persons named above of the sanitary rules for shops and schools;

I further certify that all services provided at the event noted above will be for educational or demonstration purposes only;

I further certify that during the event noted the required facilities and products necessary to properly clean and sanitize instruments will be available to the persons named above; Said facilities and products shall include access to hot and cold running water and restroom facilities, and board approved hospital grade sanitation products which are evident and in use;

I further certify that the information recorded hereon is correct to the best of my knowledge and belief.

_____
Signature of sponsor owner or sponsor's authorized agent

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)   _____
                                        Notary Public official signature
                                        my commission expires _____

The State of Idaho Cosmetology Laws and Rules may be downloaded at: http://www2.state.id.us/ibol/cos.htm.

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